

OARS 2

NEW FOR 2009

Faster, Easier, Friendlier

Before you start

- Any student, staff, or faculty member can file an accident/incident report.
- Accident reporting is required by federal and state laws as well as University policies.
- Just have your UW NETID ready to file the report.

Getting Started

- Go to
<http://www.ehs.washington.edu/ohsoars/index.shtm>
- Locate “ Enter the Online Accident Reporting System (OARS)” and click on it.
- When the screen changes, you will be asked to enter your NETID and password.

First time OARS 2 users

- If you have not used the new OARS system before, a window will show up asking you to verify your personal records.
- If the information is current, click on the Submit button. Then on the next window, click on Home.
- On the OARS front page, click on Create New Incident Report.

Indicate in what capacity you are reporting the incident. Click on the appropriate button, either as

- Supervisor,
- Self, or
- University Representative.

The system will automatically fill in the required tracking information.

Then decide what is the status of the person injured or involved in the incident, e.g. Faculty/Staff or Graduate Student. Then click on “Select Involved.”

‡ Online Accident Reporting System ‡

Page 1 of 1

1. Person Involved--> 2. Description--> 3. Classification--> 4. Details--> 5. Investigative Details--> 6. Corrective Action

Exit

Person Reporting Incident HELP

☒ Supervisor
 ☐ University Representative
 ☐ Self

Last Name: **ehs1**
 Phone: **555-1212**
 Occupation/Position:

First Name:
 Email: injury@u.washington.edu
 Faculty / Unit:
 Department: **ENV HEALTH & SAFETY**

Person Involved or Affected HELP

☒ Faculty / Staff
 ☐ Graduate Student
 ☐ Undergraduate Student
 ☐ Contractor
 ☐ Public

Select Involved

Select Job Title

Supervisor HELP

Supervisor Name: **ehs1**

Additional Notification (e-mail):

Selecting Person Involved

To search for the name of the injured party, just enter the last name of the person. The system will allow you to select from a list of potential matches.

Identify the person, and then click the Select Person button.

If you cannot find the injured party using the Search UW Directory, you can click on the Add New User button, and manually enter the name and the department of the person involved.

Search for User

Last Name:
First Name:
UW Mailstop:
 OR
UWNetID:

- ☐ Begins with ☒ Contains ☐ Exact
☐ Begins with ☒ Contains ☐ Exact
☒ Exact
☒ Exact

Name	UWNetId	MailStop	Email	Home Dept. Name	Phone
<input checked="" type="radio"/> newhireeight, newhireeight	uw-11db71a544b		injury@u.washington.edu	Grounds Maintenance	
<input type="radio"/> newhirefive, newhirefive	uw-11db613d88f		injury@u.washington.edu	FACILITIES SERVICES	
<input type="radio"/> newhirefour, newhirefour	uw-11db60b245e		injury@u.washington.edu	UW CONSOLIDATED LAUNDRY	
<input type="radio"/> newhireone, newhireone	uw-11db600b6d2		injury@u.washington.edu	CHANCELLOR'S OFFICE-B	
<input type="radio"/> newhireseven, newhireseven	uw-11db63f6e97		injury@u.washington.edu	FRIDAY HARBOR LABS	
<input type="radio"/> newhiresix, newhiresix	uw-11db6229873		injury@u.washington.edu	HFS	
<input type="radio"/> newhirethree, newhirethree	uw-11db6081e5d		injury@u.washington.edu	PACK FOREST	
<input type="radio"/> newhiretwo, newhiretwo	uw-11db604a252		injury@u.washington.edu	CHANCELLOR'S OFFICE- T	

If the person not found, please provide all information using the button below.

Supervisor Selection

- If you enter your own injury report, you will have to provide your supervisor's information. If you enter just the last name you will be able to select from a list and then the information will auto fill.
- You can enter one other person to be email notified of the accident. Many Departments such as Facilities Services want an additional level of management notified. You must know this email address there is no select option.
- Your finished with this page click on "NEXT".

Page 2

Description

Enter the day and time of the accident.

Select Campus and Incident Location.

Alternatively, if location could not be selected from the predetermined list, type in the location in the space provided.

Give Incident Details. Attachments can be uploaded.

Done with this page click on "NEXT".

1. Person Involved--> 2. Description--> 3. Classification--> 4. Details--> 5. Investigative Details--> 6. Corrective Action		Exit
Incident Details		
Date of Incident (mm/dd/yyyy):	12/05/2008	Time of the event: <input type="text"/> <input type="text"/> <input type="radio"/> AM <input type="radio"/> PM <input type="radio"/> unknown
Campus:	Tacoma	
Incident Location/Parking Lot:	<input type="text"/> Select	Room/Site: <input type="text"/>
OR, if incident location cannot be selected, enter information below.		
Other place , not listed in the database:	<input type="text"/>	
Incident Details:		
<div style="border: 1px solid black; height: 100px; width: 100%;"></div>		
Upload Attachment		

Classification

Select which level of incident is being reported 1, 2 or 3.

Mark one of the boxes below the level.

Mark at least on box under each of the columns – Nature of Injury, Body Parts Affected, What caused the harm.

Finished with this page click “NEXT”.

1. Person Involved--> 2. Description--> 3. Classification--> 4. Details Exit

Classification (Please select level first)

<input type="radio"/> Level 1	<input type="radio"/> Level 2	<input type="radio"/> Level 3
<input type="checkbox"/> Near misses	<input type="checkbox"/> Workplace Violence	<input type="checkbox"/> Death (please call EH&S immediately at 543-7262)
<input type="checkbox"/> Incidents with no body injuries	<input type="checkbox"/> Fire and Explosion	<input type="checkbox"/> In-patient hospitalization of the Injured Party (please call EH&S immediately at 543-7262)
<input type="checkbox"/> Injuries requiring first aid	<input type="checkbox"/> For EH&S/Risk Management use only. WC cases	<input type="checkbox"/> Accidents/incidents occurred outside USA
<input type="checkbox"/> Injuries requiring medical treatment (go to Level 3 if in-patient hospitalization is required)		
<input type="checkbox"/> Injuries involving lost work days		
<input type="checkbox"/> Injuries requiring restricted work or job transfer		
<input type="checkbox"/> Loss of consciousness		
<input type="checkbox"/> Property damage		

Nature of Injury	Type of Incident Body Parts Affected	What caused the harm
<input type="checkbox"/> Open Wound : Laceration, Puncture, Scratch	<input type="checkbox"/> Head	<input type="checkbox"/> Bites / Scratches / Kicks
<input type="checkbox"/> Contusion/Abrasion/Hematoma	<input type="checkbox"/> Eyes	<input type="checkbox"/> Struck by Object
<input type="checkbox"/> Burns	<input type="checkbox"/> Ears	<input type="checkbox"/> Contact with Objects
<input type="checkbox"/> Sprains/Strains/Twist	<input type="checkbox"/> Nose	<input type="checkbox"/> Overexertion
<input type="checkbox"/> Fracture/Dislocation	<input type="checkbox"/> Mouth	<input type="checkbox"/> Fall from Elevation
<input type="checkbox"/> Pain/Inflammation/Edema	<input type="checkbox"/> Neck	<input type="checkbox"/> Slip or Trip
<input type="checkbox"/> Electric Shock	<input type="checkbox"/> Chest/Shoulders	<input type="checkbox"/> Repetitive Motion Injury
<input type="checkbox"/> Hearing Loss	<input type="checkbox"/> Torso/Side	<input type="checkbox"/> Bio-hazardous Materials/Infectious Diseases
<input type="checkbox"/> Heart/Circulatory Diseases	<input type="checkbox"/> Back	<input type="checkbox"/> Needles/Sharps
<input type="checkbox"/> Needlesticks/Sharps	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Noise
<input type="checkbox"/> Exposure to Potential Infectious Material	<input type="checkbox"/> Buttocks	<input type="checkbox"/> Fire
<input type="checkbox"/> Splash	<input type="checkbox"/> Elbows	<input type="checkbox"/> Electricity
<input type="checkbox"/> Poisoning by Substance	<input type="checkbox"/> Arms	<input type="checkbox"/> Chemicals
<input type="checkbox"/> Respiratory Conditions	<input type="checkbox"/> Fingers	<input type="checkbox"/> Machinery
<input type="checkbox"/> Mental/Emotional Distress	<input type="checkbox"/> Hands/Wrists	<input type="checkbox"/> Tools / Instruments
<input type="checkbox"/> Allergy/Sensitivity Reaction	<input type="checkbox"/> Hip/Pelvis	<input type="checkbox"/> Structures/Surfaces
<input type="checkbox"/> Chronic Irreversible Disease	<input type="checkbox"/> Legs	<input type="checkbox"/> Violence: Patient, Staff, Visitors
<input type="checkbox"/> Loss of Consciousness	<input type="checkbox"/> Knees	<input type="checkbox"/> Radiation
<input type="checkbox"/> Skin Disorders	<input type="checkbox"/> Feet/Ankles/Toes	<input type="checkbox"/> Motor Vehicles
<input type="checkbox"/> Punctured Ear Drum	<input type="checkbox"/> Groin	<input type="checkbox"/> Non-human Primates
<input type="checkbox"/> Tuberculosis Infection	<input type="checkbox"/> Body Systems	<input type="checkbox"/> Drugs
<input type="checkbox"/> Non-personal Damage	<input type="checkbox"/> None	<input type="checkbox"/> Patient Handling
<input type="checkbox"/> None	<input type="checkbox"/> Other	<input type="checkbox"/> None
<input type="checkbox"/> Other		<input type="checkbox"/> Other

<< Previous Next >> Save Draft View Report

Page 4 Details

The injured party is requested to provide his input on the possible causes of the incident by checking the appropriate boxes in any of the appropriate columns – Equipment, Environment, Policies/Procedures, Human factors.

He or she could also enter any suggested corrective actions by checking a box and/or filling in the “Affected Party” suggested corrective action box.

1. Person Involved--> 2. Description--> 3. Classification--> 4. Details--> 5. Investigative Details--> 6. Corrective Action Exit

Causes			
Equipment	Environment	Policies / Procedures	Human Factors
<input type="checkbox"/> Defective Tools/Equipment <input type="checkbox"/> Defective Material <input type="checkbox"/> No Guards/Barriers <input type="checkbox"/> Inadequate Guards/Barriers <input type="checkbox"/> Using Equipment Improperly <input type="checkbox"/> Inadequate Maintenance <input type="checkbox"/> Improper Equipment <input type="checkbox"/> Other	<input type="checkbox"/> Inadequate Ventilation <input type="checkbox"/> Inadequate or Excessive Illumination <input type="checkbox"/> Air Contaminants <input type="checkbox"/> Chemicals <input type="checkbox"/> Noise <input type="checkbox"/> Fire / Explosion <input type="checkbox"/> Animal Action <input type="checkbox"/> Poor Housekeeping <input type="checkbox"/> Inclement Weather <input type="checkbox"/> Slippery/Uneven surface <input type="checkbox"/> Ergonomics Issues <input type="checkbox"/> Sharp Objects <input type="checkbox"/> Hot Objects <input type="checkbox"/> Frost Bite <input type="checkbox"/> Heat Stress <input type="checkbox"/> Other	<input type="checkbox"/> Failure to Follow Procedures <input type="checkbox"/> Appropriate Procedures Non-existent <input type="checkbox"/> Inadequate Instructions / Procedures <input type="checkbox"/> Inadequate Planning / Preparation <input type="checkbox"/> Inadequate Support / Assistance <input type="checkbox"/> Other	<input type="checkbox"/> Inadequate Training <input type="checkbox"/> Inadequate / Improper PPE <input type="checkbox"/> PPE Not Used <input type="checkbox"/> Improper Lifting <input type="checkbox"/> Failure to Follow Established Protocol/Procedures <input type="checkbox"/> Verbal Assault <input type="checkbox"/> Physical Assault <input type="checkbox"/> Inattention <input type="checkbox"/> Loss of Balance <input type="checkbox"/> Rushing <input type="checkbox"/> Phobia/Anxiety <input type="checkbox"/> Horseplay <input type="checkbox"/> Other

Suggested Corrective Actions to Prevent Reoccurrence

☐ Provide safety training
☐ Undertake hazard assessment
☐ Submit request for maintenance/repair
☐ Change work area layout / design
☐ Change/review work procedures
☐ Provide PPE
☐ Other

Suggested corrective action by the affected party:

Page 4 Details

If you are compiling the report as the injured party or a University Representative, you can now save a draft, view it, or submit the report. Your supervisor and EH&S will not get the copy until you have submitted the report.

If there are errors in completing the report, red error messages will appear at the top of the page, and state what is wrong and on which page. Correct them and resubmit the report.

A copy will automatically go to your supervisor and any additional email recipient whom you may have included on page 1.

A message will appear "Completed Report Submitted Successfully" .

Classification (Please select level first) must be selected on page 3
Causes must be selected on page 4
Please provide the incident location on Page 2
Please provide the Incident's Date and Time on Page 2

1. Person Involved--> 2. Description--> 3. Classification--> 4. DetailsExit

Classification (Please select level first) must be selected on page 3
Causes must be selected on page 4
Please provide the incident location on Page 2
Please provide the Incident's Date and Time on Page 2

Causes			
Equipment	Environment	Policies / Procedures	Human Factors
<input type="checkbox"/> Defective Tools/Equipment <input type="checkbox"/> Defective Material <input type="checkbox"/> No Guards/Barriers <input type="checkbox"/> Inadequate Guards/Barriers <input type="checkbox"/> Using Equipment Improperly <input type="checkbox"/> Inadequate Maintenance <input type="checkbox"/> Improper Equipment <input type="checkbox"/> Other	<input type="checkbox"/> Inadequate Ventilation <input type="checkbox"/> Inadequate or Excessive Illumination <input type="checkbox"/> Air Contaminants <input type="checkbox"/> Chemicals <input type="checkbox"/> Noise <input type="checkbox"/> Fire / Explosion <input type="checkbox"/> Animal Action <input type="checkbox"/> Poor Housekeeping <input type="checkbox"/> Inclement Weather <input type="checkbox"/> Slippery/Uneven surface <input type="checkbox"/> Ergonomics Issues <input type="checkbox"/> Sharp Objects <input type="checkbox"/> Hot Objects <input type="checkbox"/> Frost Bite <input type="checkbox"/> Heat Stress <input type="checkbox"/> Other	<input type="checkbox"/> Failure to Follow Procedures <input type="checkbox"/> Appropriate Procedures Non-existent <input type="checkbox"/> Inadequate Instructions / Procedures <input type="checkbox"/> Inadequate Planning / Preparation <input type="checkbox"/> Inadequate Support / Assistance <input type="checkbox"/> Other	<input type="checkbox"/> Inadequate Training <input type="checkbox"/> Inadequate / Improper PPE <input type="checkbox"/> PPE Not Used <input type="checkbox"/> Improper Lifting <input type="checkbox"/> Failure to Follow Established Protocol/Procedures <input type="checkbox"/> Verbal Assault <input type="checkbox"/> Physical Assault <input type="checkbox"/> Inattention <input type="checkbox"/> Loss of Balance <input type="checkbox"/> Rushing <input type="checkbox"/> Phobia/Anxiety <input type="checkbox"/> Horseplay <input type="checkbox"/> Other

Suggested Corrective Actions to Prevent Reoccurrence
☐ Provide safety training
☐ Undertake hazard assessment
☐ Submit request for maintenance/repair
☐ Change work area layout / design
☐ Change/review work procedures
☐ Provide PPE
☐ Other

Suggested corrective action by the affected party:

<< PreviousSave DraftView ReportSubmit Incident Report

Later

- You can always go back to a submitted report and edit. EH&S will get copies of both reports.
- You can no longer edit a report, if your supervisor (upon receiving the email notification) has already finished the supervisor's sections and submitted the report.

Pages 5 and 6

Supervisor's Sections

Supervisors can complete the report from start to finish in one go, by reporting the incident as the supervisor.

Alternatively, the injured party may have started the report, and then the supervisor later gets an email notification from the system to complete the supervisor's sections on pages 5 and 6 (namely Root Causes, Recommendations /Preventive Measures, and Corrective Actions Target Date).

The screenshot displays a web-based form titled "Investigation Details". At the top, a navigation bar shows six steps: "1. Person Involved--> 2. Description--> 3. Classification--> 4. Details--> 5. Investigation Details--> 6. Corrective Action". The "Exit" button is located in the top right corner. The main content area is divided into two sections: "Root Causes:" and "Recommendations/Preventive Measures:". The "Root Causes:" section includes a prompt: "(Please look at all the factors that may have contributed to the accident. Such factors may include equipment, environment, policies, procedures, and personnel.)". The "Recommendations/Preventive Measures:" section is currently empty. At the bottom of the form, there are four buttons: "<< Previous", "Next >>", "Save Draft", and "View Report".

1. Person Involved--> 2. Description--> 3. Classification--> 4. Details--> 5. Investigation Details--> 6. Corrective Action

Exit

Investigation Details

Root Causes:
(Please look at all the factors that may have contributed to the accident. Such factors may include equipment, environment, policies, procedures, and personnel.)

Recommendations/Preventive Measures:

<< Previous Next >> Save Draft View Report

Nagging Emails

After having received the email notification, if the supervisor has sat on the report for five days with no follow up action, a reminder email will be sent to the supervisor.

Similarly, seven days after the Corrective Action Target Date has past, (as indicated on the report), and there is no action by the supervisor to update the report by filling in the Corrective Action Complete Date, a nagging email will be issued to the supervisor, and then every seven days afterwards, until the corrective action has been implemented and the actual completion date filled in.

1. Person Involved--> 2. Description--> 3. Classification--> 4. Details--> 5. Investigative Details--> 6. Corrective Action

Exit

Management Review

Supervisor or University Representative

Corrective Actions Target Date (mm/dd/yyyy): 12/05/2008	Corrective Actions Complete Date (mm/dd/yyyy):
Name: ehs1	Phone Number: 555-1212 Email: injury@u.washington.edu
Approve Investigation and Corrective Actions: Yes <input checked="" type="radio"/> No <input type="radio"/>	Corrective Actions Complete: Yes <input type="radio"/> No <input checked="" type="radio"/>
Comments:	

Additional Notification (e-mail):

Upload Attachment

OSHA 300 Form

- An incident may involve medical treatment beyond first aid, lost work days, or job transfer. Such incidents are recordable under the OSHA requirements.
- After the incident report has been submitted, supervisors should also complete the OSHA Form as soon as such information is available, by going to <https://oars.ehs.washington.edu>. Click “Open OSHA 300 Form”.

Welcome to OARS

My Contact Information

Incident Reports

Create New Incident Report

View / Edit My Unfinished Incident Reports

View / Edit all Open Reports Submitted by Me

View / Edit Submitted Reports Involving Me as Injured Party or Supervisor

View My Closed Reports

Open OSHA 300 Form

Reference Documents

OARS FAQ Link

OSHA 300 Form

- Supervisors can complete this form at the time of submission of the OARS report, or later as soon as information about medical treatment beyond first aid, lost work days, or job transfer is available.

OSHA 300 RECORDABLES

Supervisors complete questions on the left in the blue-shaded area. If you have questions about how to answer please contact EH&S at (206)543-7388.

Please complete all questions to help us determine if the incident is an OSHA recordable injury or illness. The information you provide is essential to produce the mandatory OSHA Log 300.

Please provide your best estimate on the number of days away from work. When changes or updates are necessary, revisit this form by clicking "Open OSHA 300 Form" on the "Welcome to OARS" home page.

Unique Event No. 2009-04-005

02/03/2010

For this Employee's Online Accident Report, did the injury result in treatment beyond first aid?

Yes No ☒ No

- ☐ Yes ☐ No Was the Employee treated in an emergency room?
- ☐ Yes ☐ No Was the Employee hospitalized overnight as inpatient?
- ☐ Yes ☐ No If treatment was given away from the worksite, where was it given?

Facility:
Street:
City: State: Zip:

Name of Physician or Licensed Health Care Professional:

- ☐ Yes ☒ No Death (mm/dd/yyyy): / /
- ☐ Yes ☐ No Loss of Consciousness, including fainting?
- ☐ Yes ☐ No Job transfer or restriction?
- ☐ Yes ☐ No Total number of full days (if job transfer or restriction)
- ☐ Yes ☐ No Days away from work due to accidents?
- ☐ Yes ☐ No Total number of days (if you checked "Yes" for days away from work, begin counting from the day after the injury/illness occurred)

- ☐ Yes ☒ No -Cancer
- ☐ Yes ☒ No -Chronic irreversible disease
- ☐ Yes ☒ No -Fractured or cracked bone
- ☐ Yes ☒ No -Punctured ear drum
- ☐ Yes ☒ No -Skin Disorders?
- ☐ Yes ☒ No -Respiratory Condition?
- ☐ Yes ☒ No -Poisoning?
- ☐ Yes ☒ No -Hearing Loss?

- ☐ Yes ☒ No Does the incident involve a sharp/needlestick or a splash incident involving blood borne pathogens?
- ☐ Yes ☒ No Tuberculosis infection?
- ☐ Yes ☒ No Medical Removal of employee under the OSHA health standards?

Confidential Yes No ☒ No

Under the following circumstances, you should mark the case as Confidential:

- injury or illness to an intimate body part or to the reproductive system
- an injury or illness resulting from a sexual assault
- a mental illness, a case of HIV infection, hepatitis, or tuberculosis
- a needlestick injury or cut from a sharp object that is contaminated with blood or other potentially infectious material (see 29CFR Part 1904.8 for definition)
- other illnesses, if the employee independently and voluntarily requests that his or her name not be entered on the log

Upload Attachment

Submit Reset View PDF Cancel

Training site for practice

- To practice using OARS, go to <https://oarstrain.ehs.washington.edu>
- You can enter your own incident reports, or report in the capacity of the Supervisor, or the University Representative.
- For training purposes, no email confirmation will be sent to the persons mentioned on the report, in order to avoid unnecessary confusion.